

GUIDE TO SPECIAL ALCOHOL LICENSES

Pursuant to MGL c138, a license must be obtained before serving alcohol. Licensure is valid for the approved date of the license only. Note that for-profits may apply to serve wine and malt beverages only, and that non-profits may apply to serve all forms of alcohol. The License fee is \$50.00.

To complete the application:

1. Fill in the Application for a Special Alcohol License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit.

2. Attach documentation that the property owner is aware of and has authorized the event.

3. Proceed to each of these Departments to obtain sign-offs:

A. Fire Prevention Bureau: Monday – Friday, 8:00 – 10:00 AM, 3:00 – 4:00 PM
Franey Road (adjacent to Trum Field on Broadway)
617 623-1700 x8400

B. Inspectional Services Division: Monday – Friday, 8:00 AM – 4:00 PM
Franey Road (adjacent to Trum Field on Broadway)
617 625-6600 x5600

C. Police Department: Monday – Friday, 8:30 – 4:00 PM
220 Washington Street
617 625-6600 x7200

4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM

5. Submit the application and the fee to the Licensing Commission, City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100 (fax 617 625-4239). The Licensing Commission usually meets on the 3rd Monday of the month. Applications must be submitted at least ten days before the meeting. Applicants must attend the meeting.

APPLICATION FOR A SPECIAL ALCOHOL LICENSE

Application Fee \$0 License Fee \$50

Date_____

FOR LICENSING COMMISSION ONLY

Date Recorded_____

Amount Paid

Sponsoring Organization:_____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Tax Identification Number: _____

Primary Contact: _____ Phone: _____

Address with Zip Code: _____

Description of Event: _____

Location: _____

Date and Time: _____

Estimated attendance at any one time:

Estimated total attendance: _____

Proceeds to be used for:

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☐ For Profit Corporation
 (Allowed wine and malt only)

☐ Non Profit Corporation
 (Allowed all forms of alcohol)

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

What beverages will be sold: _____All forms of alcohol _____Wine and malt only

Who will serve the beverages:_____

Have you hired a Police Detail for the duration of this event? Y __ N __

Have you provided documentation that the property owner has authorized the event? Y __ N __

Are you a citizen of the United States? Y __ N __

Have you ever obtained a special alcohol license before? Y __ N __

If yes, list date(s) and event(s):_____

Have you ever had a special alcohol license denied, revoked or suspended? Y __ N __

If yes, explain:_____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:_____Date:_____

Print Name:_____Phone:_____

Obtain the signatures below before submitting this form to the Licensing Commission.

____Approved ____Denied Date_____	____Approved ____Denied Date_____
_____ Fire Prevention Deputy Chief or Designee	_____ Inspectional Services Sup't or designee
____Approved ____Denied Date_____	
_____ Police Chief or designee	

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

***The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111***

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

<p><input type="checkbox"/> I am an employer with _____ employees (full and/or part time).</p> <p><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.</p> <p><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.</p> <p><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.</p>	<p>Business Type: <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)</p> <p><input type="checkbox"/> Nonprofit</p> <p><input type="checkbox"/> Entertainment</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Health Care</p> <p><input type="checkbox"/> Other _____</p>
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Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ **Permit/License #:** _____

Contact Person: _____ **Phone #:** _____

- ☐ **Board of Health**
- ☐ **Building Department**
- ☐ **City/Town Clerk**
- ☐ **Licensing Board**
- ☐ **Selectmen's Office**
- ☐ **Other** _____

